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ORIGINAL COMMUNICATIONS.

APHONIA.

BY ANDREW H. SMITH, M.D.,

Surgeon to the Throat Department of the Manhattan Eye and Ear Hospital, N.Y.

(Concluded from page 3.)

THE treatment of unilateral paralysis depends upon the cause. When from disease of the brain, no treatment is likely to be of any avail. When caused by toxæmia, in addition to general treatment adapted to the condition of the system, good effects may sometimes be obtained by direct electrization. In Mackenzie's electrode for this purpose the poles are connected with two olive-shaped points separated from each other about a quarter of an inch. This instrument is brought as near as may be into contact with the affected muscle, when, by pressing a key, the current is made to pass from one point to the other of the electrode through the intervening tissue. This has been found more successful than when one of the poles is applied outside of the neck.

In some of these cases, irremediable changes having taken place in the muscles themselves, no treatment will be of any service. In general the prognosis is favorable in proportion as the case is recent, chiefly for the reason that, there being no action whatever of the muscles, atrophy is almost certain to take place in the end.

Bilateral paralysis of the adductors is rarely the result of interference with the laryngeal nerves by causes of organic origin. It may, however, be caused by disease of the medulla affecting both lateral tracts.

But in by far the greater number of cases it is purely functional, if this term is ever allowable, and the resulting aphonia is called functional aphonia.

In this disease there is no apparent change of structure either in the larynx or in the nerves which supply its muscles. There is simply a paralysis of one or more of the muscles, which has no appreciable anatomical change to account for it. From its frequent association with hysteria, it is often called hysterical aphonia. Yet it is by no means confined to this class of patients. Its pathology is very obscure. The muscles are intact, the nerves are perfectly competent to transmit the nervous influence from the brain, and the brain is perfectly competent to originate the influence. Still the patient is utterly unable to bring the muscles into action until the spell is dissolved either spontaneously or by some external agency, when all at once the parts resume their natural function.

This form of aphonia is apt to come on suddenly, as the result of fright, anger, or other emotional excitement, or even without any apparent cause. Very often it will occur during the menstrual period, and sometimes for months together each return of the catamenia is regularly accompanied by loss of

voice. This intimate connection between the uterus and the larynx is shown also by the fact that some female singers are obliged to make their public engagements in a way to exclude the menstrual periods, as at that time they are unable to sound the higher notes.

The voice has always a whispered character, but its loudness varies in different cases, and at different times in the same case. Sometimes the voice is almost wholly suppressed, at others there is a loud whisper which may be heard the length of a large room.

The reflex action of the cords is but little impaired, and, as a consequence, coughing and sneezing are distinctly laryngeal. This is a diagnostic point of great value. In many cases the lips seem to be partly paralyzed and do not exhibit their natural play in speaking. With the return of the voice the usual mobility is restored.

The laryngoscopic appearances in this disease vary according to the muscles affected, but are comprised chiefly in four varieties.

In the first *all* the muscles of phonation are paralyzed, and when phonation is attempted the cords remain perfectly motionless. The glottis is widely open and has a triangular form.

In the second there is paralysis of the lateral crico-arytenoids. On attempting to pronounce a vowel sound the arytenoid cartilages are drawn towards each other by the arytenoideus, but they do not rotate; and hence the glottis assumes a lozenge shape.

In the third form the arytenoideus proprius is paralyzed. When phonation is attempted, the arytenoid cartilages rotate and the ligamentous portion of the glottis is closed, but a triangular opening is left posteriorly.

In the fourth variety there is paralysis of the thyro-arytenoids. The posterior third of the glottis is closed, but an elliptical opening remains between the ligamentous cords.

This affection will generally terminate in recovery after a variable time, even if left to itself. And in this case the voice comes back as suddenly as it left. On attempting to speak, the patient is surprised to find that instead of a whisper there is a full laryngeal tone, though the voice may still be hoarse.

Although the voice generally returns of itself, the aphonia is sometimes very persistent. Mackenzie mentions a case which he cured after it had continued ten years. And in a case of my own, published in the *New York Medical Journal*, April, 1873, the duration was six years and a half. Yet there is scarcely any other affection of the larynx in which treatment is so certainly and, as a rule, so promptly successful.

Almost any application to the larynx which creates considerable spasmodic action may be successful,—immediately restoring the voice. Sometimes the mere introduction of an instrument into the throat, as, for instance, the laryngeal mirror, will produce this effect, provided the patient be impressed with the idea that it is expected to do so. The inhalation of ether or chloroform to the stage of excite-

ment will generally set the patient to talking, and the voice will remain after the effect of the anæsthetic has passed off.

But by far the readiest means is the application of electricity directly to the cords. The best instrument for this purpose is Mackenzie's laryngeal electrode. This consists of a simple metallic staff, bent at the proper angle, and covered, except at the point, with some insulating material. An eye in the handle is connected with one of the wires of the battery, and by depressing a trigger attached to the handle is made to communicate with the staff when the point of the latter is in position. The other pole may be held in the hand or placed upon the throat over the larynx.

As a general rule, cases of not more than a few weeks' standing may be relieved in this way at the first sitting. Cases of longer duration sometimes require several sittings, or even perhaps weeks of treatment, to entirely restore the voice.* It is well to repeat the application two or three times on each occasion, and not to allow more than two or three days' interval between the sittings.

The daily application of electricity to the throat, externally, for a week or two after the voice is restored, is useful to prevent relapse, to which there is a strong tendency.

Though functional aphonia is most frequently seen in women, and during the period between puberty and the menopause, I have seen several cases in which it occurred in men.

It frequently follows upon congestion of the larynx from cold, in which case the aphonia is at first organic, but remains as a purely functional disease after the congestion has disappeared.

During the spring of 1862 I had a soldier under my care who had taken a severe cold from standing on guard in a drenching rain. The cold affected the throat, producing hoarseness, which soon passed into complete aphonia. A few days of treatment relieved the inflammatory symptoms, but the aphonia persisted for three or four weeks. At length, as an experiment, I introduced into the throat a probang loaded with tincture of iodine, which produced a good deal of coughing and spasm. After the application he returned to his tent, and in a few minutes, having occasion to speak to one of his comrades, he found that his voice had fully returned. From that time forward he had no further difficulty.

An acquaintance of mine, also in the army, became aphonic from a similar cause, and remained without his voice for a period of eighteen months, when it returned suddenly and perfectly, of its own accord. Doubtless, had electricity been applied in the outset, at least seventeen of the eighteen months of aphonia might have been spared him.

Another case now under my care illustrates in a marked way many of the peculiar features of functional aphonia.

Mrs. C., aged about 34, married eleven years, but

has no children, is of a highly nervous organization, but yet a person of strong mind and unusual self-control, in everything directly the opposite of what is generally termed *hysterical*. Has no other symptoms of uterine disease than somewhat profuse menstruation, and sterility. For the last two years has had a tender spot between the scapulæ, with the usual attendant symptoms, constituting a typical case of spinal irritation.

Two years ago she took a severe cold, followed by a distressing cough, sore throat, hoarseness, and finally aphonia. The sore throat and aphonia persisted for two or three weeks after the severity of the cough had passed. The voice then came back suddenly, but after two weeks was again lost, and remained absent for a fortnight. This state of things continued some eight months, the voice being present and absent alternately for from two to four weeks at a time, the general health meantime continuing in a most unsatisfactory condition, notwithstanding the use of every means to build up the nervous system. The attacks of aphonia occurred with great regularity with each menstrual period, and occasionally in the intervals. When the voice returned it was generally suddenly, without any apparent cause. During all this time stimulating applications were frequently made to the larynx during the aphonia, with the hope of restoring the voice, and electricity to the outside of the throat was thoroughly tried, but all to no purpose. Electricity directly to the cord was tried on one occasion, but was unsuccessful, and excited so much opposition on the part of the patient that its further use was deferred. About eight months, however, after the first attack, it was again tried, and was successful at the first sitting, as it has been on every occasion since. From November, 1871, to the present time, the patient has never retained her voice longer than three weeks, and has lost it on an average every ten or twelve days. She has a battery and a laryngeal electrode at her house, and as soon as her voice is lost she sends for me to restore it. A singular point is that while the voice is absent all her other symptoms are greatly aggravated. She especially suffers from a sense of weight and oppression about the upper part of the sternum,—a form of globus hystericus, I presume,—which is immediately relieved when the voice is restored. That the loss of voice is not the result of a hysterical access of which this globus forms a part is shown by the fact that the aphonia generally comes on first, and that with its removal the sense of oppression in the chest is also removed.

The return of the voice, whether spontaneous, as it still sometimes is, or artificially induced, is always preceded by a peculiar sensation in the throat, which the patient describes as a "breaking away of something." She always knows that she can speak before she makes the attempt.

The attacks of aphonia are almost always consequent upon some unusual exertion. Attendance at church, for instance, is nearly certain to entail loss of the voice before the day is over. A singular circumstance is that three times out of five the voice disappears while at the dinner-table.

* In my case before referred to, in which the aphonia had existed for six years and a half, the treatment was continued for six weeks before the voice was fully restored. There was a complication of lead-poisoning, however, affecting the arytenoides, an earlier recognition of which would have materially shortened the treatment.

At one time I procured for her a galvanic neck-lace, as recommended by Gibb, and it certainly did benefit her for a time, the attacks being much less frequent; but it soon lost its effect.

Sometimes in these cases of functional aphonia the voice may be restored by a strong mental impression. A striking instance of this occurred in a patient, a young girl, whom I saw some thirteen years ago in a small town near Philadelphia. She had curvature of the spine, and in addition to this there had been an abscess somewhere near one of the kidneys, which discharged through the vagina, leaving a suppurating cavity from which there was a constant drain of pus. She was paraplegic and aphonic, with marked hysterical symptoms. Shortly after I saw her, the notorious miracle-worker Newton came to the town, and, being told of the case, went to the house, and, entering suddenly into the room, fell upon his knees near the door, and prayed in a most impressive manner that the Almighty would give him power to relieve the sufferer. He then advanced to the bedside, and, taking the girl by the hand, said, with great earnestness and solemnity, "My child, you can speak: tell me your name." This she did immediately, and from that time forward retained her voice.

I have purposely left what few remarks I have to make upon the pathology of functional aphonia until after relating the above cases, for the reason that they illustrate a distinction which I think important, and which, so far as I know, has not heretofore been made.

It appears to me that as to its pathology functional aphonia is divisible into two forms, in one of which there is, to use the words of Dr. Cohen, "a defect of innervation at the points of ultimate distribution" of the nerves, and in the other a defect of the will. With the first I would class such cases as follow upon organic troubles in the larynx, and such others as are plainly reflex in their origin. In these cases local treatment is not so promptly efficient as in hysterical cases, but it almost always succeeds in the end. Mental impressions, as they are not an exciting cause of the aphonia, are powerless to restore the voice.

In this form the voice when first restored is usually weak and hoarse, but it improves with use and soon regains its normal tone.

In the second or hysterical form the fault is in a defect of the will, of which the patient is unconscious. She thinks she is making a bona-fide effort to speak, but in reality no motor impulse is originated in the brain. But let her be impressed with a belief that she can speak, or with an overwhelming desire to speak, and the power to do so is found to be present. Now, if there were a condition of the nerve at its distal extremity which unfitted it for transmitting a motor impulse, it is clear that no cause acting proximally could produce any effect. It is in these cases that strong mental impressions sometimes effect a cure, as in the case last narrated. The simple introduction into the fauces of any indifferent instrument, as, for example, a laryngeal mirror, with the assurance that it is designed to recall the voice, will often prove effectual, while the same manipulation without such assurance would pro-

duce no effect. The condition is precisely analogous to that in hysterical paralysis generally, which, we all know, can be overcome whenever a sufficient motive for action is presented.

It is in this class of cases that the inhalation of chloroform often restores the voice. It acts simply by causing the patient to forget the idea that she cannot speak, when the natural inclination to talk obtains the ascendancy.

The restoration of the voice is usually complete from the first,—the first word uttered having a clear and natural tone.

At first sight it appears strange that in functional aphonia the muscles of phonation do not become atrophied by years of inaction. But this is explained by the fact that the reflex actions of sneezing, coughing, etc., and also the movements of the glottis which accompany respiration, still continue, and constitute sufficient exercise for the muscles to prevent atrophy, forming a contrast in this respect with what takes place in unilateral paralysis, where all motion of the affected muscles is usually suspended.

Paralysis of the crico-thyroid muscles, while it usually results in dysphonia only, occasionally causes complete loss of voice. This affection is most commonly the result of over-straining the voice, particularly in the higher notes. It is characterized by relaxation of the vocal cords, which, when the case is well marked, are seen by the aid of the laryngoscope to be swayed by the passing current of air in inspiration and expiration, bellying downward and upward. The free margin of the cord is often wavy instead of straight.

The treatment consists in absolute rest—that is, absolute silence—for a time, and the use of electricity. As the crico-thyroid muscles lie in front of the larynx, covered only by a thin layer of soft parts, it is easy to reach them with the electric current by applying the poles externally. There is an advantage, however, in introducing one of the poles into the larynx in contact with the inner surface of the thyroid cartilage, as the current is then compelled to pass more directly through the muscles. The cure cannot be expected to take place as speedily as is generally the case in paralysis of the adductors.

THE THIRD INTERNATIONAL MEDICAL CONGRESS.*

HELD AT VIENNA, AUSTRIA.

Reported by FREDERICK W. RUSSELL, M.D.

THE first gathering of the Congress occurred Sunday evening, August 31, when such delegates as were in the city, with their wives and lady friends, assembled in the pleasant dining-room of the Grand Hotel and dined together in a social and informal way. Companies of friends gathered at the various tables and passed several hours in social

* In order to have our report of the Viennese Medical Congress as fresh as possible, we have allowed it to displace in our present issue the clinical lecture and the notes of hospital practice.—ED. MEDICAL TIMES.

enjoyment, while old friendships were renewed and new ones formed.

The first regular meeting of the Third International Medical Congress took place on Monday, September 1, at ten o'clock A.M., in the main saloon of the Jury Pavilion, on the square in front of the Rotunda. Before the appointed hour, some five hundred delegates and members, both civil and military, had assembled, coming from all parts of Europe, and a few from the Western continent. The officers of the day received at the entrance the Archduke Rainer, a tall gentleman with close-cropped gray hair and a handsome blonde moustache, and escorted him, as Patron of the Congress, within the place of meeting. Delaying for a few moments while he exchanged a few pleasant words with such of the delegates as were presented, he then mounted the rostrum, and, with Prof. Rokitsky, Prof. Hebra, Prof. Sigmund, Dr. Schnitzler, and Prof. Benedict on his right and left, read a short address, formally opening the deliberations of the week. In substance he said that it gave him pleasure to welcome the delegates to the capital of Austria, the site of the Weltausstellung. The Exposition would be incomplete if it brought only the results thus far obtained, though it has planted a germ for future growth. The questions which the prominent physicians of the world are striving to answer are truly international, having in view the well-being of all. Though they heal the sick, the most pressing question of the time is the *preservation* of health, the prevention of disease. Civilization brings upon great centres of population great evils and perils, which make the warding off of disease of paramount importance. A new point of view becomes necessary, a new mode of action for combating the evils which threaten mankind. "As you have brought forward these matters and fixed attention upon them, it is your privilege and duty above all others to find and provide help. You will merit new honor from mankind, and add a new glory, and that the best of all, to the World's Fair."

Prof. RATTI, of Rome, delegate from the Italian government, replied, in behalf of his confrères, that the Congress ought to be successful, since it is called to examine into measures which are to conduce to the public welfare and to shape them uniformly for all states. He was strongly of the opinion that a single wise effort on the part of the leaders could establish an international system of public hygiene, pregnant with happiness and prosperity to all generations.

Prof. CARL ROKITSKY, President of the Congress, then rose, and read an address in which he said that it was an honorable task to open these deliberations. He could aim at nothing more than advice concerning the significance of our meetings, and to bring into view the prominent ideas which all had in mind,—in fact, give a roll-call of the work before us. With courteous expressions of regard and hospitality he continued, remarking that associations for hostile purposes, especially of tradesmen to resist oppression, had existed from primitive times. If medical men had long seen the enemy and his devastations before they were induced to

oppose it, it must be observed that it takes generations to lay the foundations for the union of personal efforts, and that organic and inorganic nature must be first investigated in order to understand the foe, to search out its breeding-places, its peculiarities of attack, and its destructive effects. The word international has been adopted because interests of the utmost importance to the people were to be discussed. The people are being convinced that only through united action, both in theory and practice, can the longed-for benefits be obtained. The greater the value of the good sought, the more weighty the deliberations of the Congress. A great value is necessarily given to our discussions, because the press will scatter them far and wide, and each speaker thus reaches a larger audience. He wished not alone those students and writers upon these special subjects to give their opinions, but all to bring forward whatever of experience, of established fact, might be in their possession. We need to find out the whole natural history of the disease, in order to properly manage it. No longer do the people regard these things as sent by an angry Deity; they turn for advice and aid to the physician. And he is at his post, here and there, in hand-to-hand conflict at the bedside, or as a soldier in the war of extermination against the hostility of the foe. We must win the confidence of the people, and induce governments to establish regulations, that the advent of the enemy may not find us unforewarned and unprepared.

Dr. J. SCHNITZLER, the General Secretary, then made an earnest speech, explanatory and historical, read the list of delegates, the permanent officers, and officers of sections, and at an early hour the President declared the session closed.

Officers of the Congress:

His Highness the Archduke Rainer, *Protector*.

Prof. Dr. Carl Rokitsky, *President*.

Docent Dr. Joh. Schnitzler, *General Secretary*.

Prof. Ferd. Hebra, Prof. Sigmund, Prof. M. Benedict, *Vice-Presidents*.

The Executive Committee consists of nineteen members, delegates from the various medical societies of Vienna, embracing such men as Profs. Arlt, Billroth, Braun, Brücke, Schroff, Drs. Witzlil, Winternitz, Auspitz, and Profs. Meynert, Stricker, and Späth. Among the delegates I find the names of Eulenberg of Berlin, Jaccoud of Paris, Profs. Crocq and Warlomont of Brussels, Dr. Günther of Dresden, Prof. Subbotin of Vienna, Prof. Carminhoá of Brazil, Dr. Kovacs of Pesth, Dr. Abdullah Bey of Turkey, and Dr. Castiglione of Rome. But one English physician has thus far registered, and America has almost no representation.

During the sessions of the Congress the following questions are to be discussed in order:

1. The question of vaccination.
2. The proposition of an international law for the prevention of syphilis and the regulation of prostitution.
3. The question of quarantine measures against cholera.
4. The drainage of cities.
5. The proposition for the adoption of an international Pharmacopœia.

6. The proposition for making medical studies uniform, and, as a result, the right of practising the art freely in any country.

Each question is assigned to a president and a committee, who have the position of experts, to outline the subject for discussion, and to formulate the sentiments of the Congress for the ballot. These are printed and distributed before each session, as well as a daily bulletin containing the proceedings of the previous day.

FIRST SESSION.

The first session of the Congress began on Monday afternoon, at four o'clock P.M., in the same saloon, which, owing to the constant squeaking of the bentwood chairs, and the rather uncalculated-for confusion, was not perfectly suited to the purpose. Prof. JACCOUD, of Paris, acted as President, assisted by Prof. HEBRA, of Vienna, and Prof. CASTIGLIONE, of Rome, while, with HEBRA as chairman, Drs. KAPOSI and AUSPITZ formed the committee to whom the general subject had been referred. The question under discussion was vaccination, and the committee circulated a printed brochure containing ten questions, and suggestive remarks, of which the following is a summary:

Question 1. "Shall vaccination be universal, and, if so, shall it be with humanized or original cow-pox virus? How is this to be obtained and kept?" The committee remark that all impartial observations prove that, in respect of frequency, intensity, and mortality, vaccination furnishes an actual if not absolute protection, and that smallpox shows the same virulence towards the non-protected as it did of yore. Secondly, that every non-vaccinated person becomes a source of contagion for others, and multiplies the common danger, and also that no principle is sounder than that the state can protect itself against individuals. Therefore the referees advise *compulsory universal vaccination*. Again, the original lymph takes less certainly, and more often develops a more intense local action, which may be the source of dangerous, even fatal, processes; while humanized lymph can be easily and cheaply obtained in large quantity, less often fails, and rarely develops any unreasonable complications. It were best, then, as a rule, and in all official vaccination, to *use the humanized lymph*. Some persons, however, fear the possible introduction of germs of disease in this way; and in all cases, without further ado, it is best to satisfy their wishes. Next they remark that *the lymph is to be obtained by an incision permitting free escape without pressure, made in a perfected pustule in its prime, when its contents are perfectly clear and limpid, midway between the eighth and tenth days of the eruption*, and only such lymph should be used as comes out spontaneously in clear drops. Lastly, the more immediate the use made of the virus obtained, the more perfect the results. Therefore its reception in a special vial is unequivocally recommended. But generally some days must elapse before it can be used; and, to obviate in some degree this objection, three preservative measures are in use. 1. Simply *drawing it into capillary vials*, which, the committee say, if well done, carefully

sealed, and kept in a cool place, would *preserve the lymph admirably*. 2. *Drying the lymph on the point of the lancet*, a method which preserves for a long time the working power of the lymph, but is *not*, on the whole, *so advisable*. 3. The method of *suspension of the lymph in glycerin*, a method extensively tried of late, which *offers all the advantages of the first, with great economy of the lymph*.

Question 2. When ought vaccination to be undertaken? At any time of the year, or at a definite time? The committee reply, *time and weather have no counterindication*.

Question 3. What age is the best for vaccination? Provided a child is not in a condition of fever, it *should be attended to as soon as possible*. A child four or five days old can undergo the development of the pustules without marked physical disturbance, and when peculiarly exposed (children of physicians) should be vaccinated *at once*.

Question 4. (a.) What protection does vaccination afford against variola? (b.) How many years does it last? (c.) What is the number of cases of variola among the protected and the non-protected? (d.) How do the statistics of mortality in both classes compare, as determined by the experience of the last decade? The committee confess great difficulty in answering these questions in formal statements. Yet experiment, statistics, and general clinical experience agree that vaccinated persons are less accessible to the smallpox than non-protected individuals. The protection seems to extend over twenty years. Proof is found in the increase of cases of from fifteen to thirty years of age, and the possibility of a second vaccination taking; though it is to be noticed that a small proportion of the cases occurring in those over thirty years old are in non-vaccinated persons. But again, more people are alive between twelve and thirty than from thirty to ninety. Certain it is that many persons preserve to old age their immunity against variola and vaccinia. As regards the number of cases of smallpox in the two classes, it is impossible to clearly state the proportions, owing to imperfection of reports. The greater absolutely the number of vaccinated, the greater relatively will be their share of cases. Wherever the number of living vaccinated persons is known, it must be admitted that fewer of that class have had variola than of the non-vaccinated. Beyond a doubt the mortality among the vaccinated is less than among those not vaccinated. Mortality varies empirically among the protected from 0 per cent. to 11.5 per cent., with average of 4 per cent.; among the non-protected it ranges from 14.5 per cent. to 60.6 per cent., average 30 per cent.

Question 5. Is variola found so frequently in individuals with large and deep vaccination-scars, as in those with small, flat, and obscure cicatrices? No evidence exists on this subject, and, therefore, conclusions are impossible.

Question 6. Is there information to prove that, through vaccination with vaccine lymph, diseases previously non-existing, as tuberculosis, scrofulosis, and rachitis, have been introduced? On this the committee reply that, although the transmissibility

of all known diseases is as yet to be learned, its transmission by vaccination has as yet been proved by no one.

Question 7. Can an existing disease, syphilis for example, be transferred to a healthy subject through vaccination with vaccine lymph from children suffering with hereditary syphilis? Or has every development of a syphilitic pustule arisen from inoculation with fluid taken from a syphilitic eruption? Transmission of syphilis has occurred, beyond a doubt; but the danger is nil if only pure lymph, from a pustule in a person who has no manifest syphilitic taint, is used. Again, it is only when blood or the pus of syphilitic suppuration has been used in the vaccinating that such transmission is possible. Such diagnostic error is easily avoided by any careful physician who is acquainted with the known clinical symptoms of syphilis.

Question 8. Is answered that there are characteristic and, in a clinical sense, important appearances by which syphilis can always be distinguished.

Question 9. (a.) How is the frequently-observed imperfect inoculation of vaccine to be explained? At present we cannot explain it; but it has an analogue in the non-susceptibility of certain individuals to prevailing disease. *(b.)* Are we to think a long continuous use of the same lymph brings these conditions into existence? And would it therefore be wise now and then to recommend regeneration of the lymph through cow-pox lymph? Although as facts now stand we cannot affirm a degeneration of power and quality, yet an occasional return to the original lymph would be advisable, in order to obtain better humanized lymph and to allay fear of contagion from the use of a long series of perhaps unhealthy persons.

Question 10. What diseases do we see attacking the vaccinated, which have the same course and issue? Such as follow any other specific irritation of the skin: erythema simplex et bullosum, eczema, lymphangitis, erysipelas, and adenitis suppurativa. But all are rare, and easily avoided by care and the use of pure lymph.

In addition to these questions, information was asked whether there is only one contagion for severe and light cases of variola, *i.e.*, vera, modificata, and varicella, or is each a species of variola, or do variola and varicella only come into existence through a special specific contagion? As regards this question, two of the referees (Hebra and Kaposi) have often announced their belief in the identity of the two, while Auspitz thinks that the experimental data do not allow of a definite answer.

After a few words from the President, Prof. JACCOUD, Prof. HEBRA addressed the meeting, saying, after a few eloquent words of introduction, that the chief duty of a Congress was to make universal whatever of discovery each physician had made. Learned discussion of theoretical points was not wanted, but rather the promulgation of the results of observation made from the proper objective point of view. From these the propositions can be formulated which will conduce to the life and happiness of mankind. Guided by such principles, the discussion will not be barren, and we shall be prepared

either to strongly endorse vaccination, or, if the majority shall decide that it has no protective influence, we shall also be ready not to conceal these views. He particularly wished the question of the identity or non-identity of variola and varicella to be freely discussed, and facts to be fearlessly brought forward: both sides should be treated with like impartiality.

Dr. KAPOSI then read the brochure before mentioned, and a vigorous discussion began. Dr. REITZ, of St. Petersburg, declared himself *opposed* to vaccination, as a result of clinical observations made at the Elizabeth Children's Hospital. From March 9, 1870, to January 1, 1873, he investigated 18,786 children, and found in 8326 vaccinated 133 cases of smallpox, or 1.6 per cent.; and in 10,460 non-vaccinated only 215 cases, or 2 per cent., a most insignificant variation. This, too, at a time of life when the disease is especially frequent. Comparing similar hospital material at Berlin, Vienna, and Brester, of 820 sick vaccinated and revaccinated patients during 1871, 256 died, or 31.2 per cent.; while of 86 not protected, only 23 died, or 26.7 per cent. Again, in the Berlin epidemic of 1871, vaccinated children were affected to a remarkable extent, and the mortality attained the "colossal" figure of 55.3 per cent. The dangers of vaccination he believed understated, since blood-corpuscles are found in the clearest lymph. He introduced a resolution postponing any decision until the next Congress, owing to lack of exact statistics, and requesting such information.

Prof. WARLOMONT, of Brussels, declared vaccination to be indispensable, and that he was a friend of animal lymph, because that offered an inexhaustible source of material, ready at a moment's warning to meet any demand, and because also it offered stronger protection against the inoculation of syphilis. In closing, he said that up to this time the comparative study of humanized and animal lymph did not enable us to decide which of the two is best.

Dr. HERRMANN, of Pesth, was an opponent of vaccination, saying that Jenner in 1799 declared the practice a protection against all kinds of contagion,—an error now exploded. Its friends to-day say that it has reduced the amount of smallpox. From 1776 to 1800, 7017 cases were treated in the London Hospital; from 1801 to 1835, the practice being in vogue, only 3743; in the Vienna General Hospital from 1836 to 1861 there were 8483, and from 1861 to 1863 there were 2162, of which 1300 were in 1862. Also some years of comparative exemption occur, wholly without regard to vaccination. Again, they say that the vaccinated are protected. In the Vienna hospital from 1836 to 1856 there were 6213 cases, of which 5217 were vaccinated, while Gregory had from 1836 to 1851 a proportion of 3.1 vaccinated to 2.7 non-vaccinated. Hebra explains these unfavorable reports by saying that, of 1323 sick with variola vera, 591, or 59 per cent., were unvaccinated, while 732, or 41 per cent., were vaccinated. As regards the assertion that the mortality had been reduced, the speaker said that it must be acknowledged that its protection

lasted for only a few years. To enumerate those sick with the disease ten years after vaccination was a wholly false plan, since this, as other diseases, selects certain ages within which to work. In London since 1858 statistics show a vast preponderance of deaths from variola before the age of ten years, while only 2.4 per cent. occurred from 55 to 65 years. If now the protection was lessened by lapse of years, one would expect exactly contrary statistics. It is, however, a peculiarity of variola that it affects childhood, and after thirty years becomes very much less.

Prof. CROCC, of Brussels, replied that medical statistics are especially deceptive. On the ground of his own experience in the epidemic of 1865, with 4000 cases, he believed the practice did protect. Among the vaccinated the mortality was 2 per cent.; among the others, 70 per cent. Nor could the fact of their slighter sickness be treated as an accident. Vaccination does not absolutely protect, but does lose power with age. He believed there was no scientific difference between human and animal lymph, that its essential properties remained the same, and that a station for the supply of original lymph was of the greatest value in times of need.

Dr. GUNTHER, of Dresden, did not believe that animal was stronger than human lymph, nor that dangerous diseases were conveyed by vaccination. He was strongly convinced that it did protect, and also lessened the mortality, in his experience from 30 per 100 to 3 per 100.

Dr. SCHNEIDER, of Java, from twenty years' trial believed in its protecting influence. An epidemic travelling westward was made to jump over his district by universal vaccination.

Dr. MULLER, of Berlin, made an earnest speech, defending his quoted statistics and showing wherein they were imperfect. He could assure the delegates that after inquiry into the case of every death among children in Berlin for a year, he could find not one well-vaccinated child who had died of smallpox. He had no doubt that vaccination is a protection against smallpox. Further, he had never seen animal virus produce severe local action, neither when retrovaccine nor genuine lymph was used. He agreed with the referees. As for himself, he had only experimentally used genuine lymph. He cited the cases of Dr. Pissin, who every year has vaccinated many children again and again to no purpose. Dr. MULLER would use genuine lymph, and the pustules came finely. He cannot, therefore, free himself of the idea that animal lymph is not so sure. He denied that many persons took smallpox between ten and twenty, but the disease begins to increase after twenty years, and it occurs up to thirty and forty years. He willingly used animal lymph to satisfy public opinion, though he did not believe in the idea of degeneration through repetition; he used the genuine lymph which was sent him, kept it in store, mixed with glycerin, and so was ready for a regeneration of lymph at any moment. He wished to say that glycerin-lymph would do more than had as yet been claimed. In no other way could so large a quantity be carried about. In no other way could he have supplied all North Germany in 1870-71.

Dr. EULENBERG, of Berlin, spoke next, referring to the unsafe light which statistics give. He considered that the statistics of vaccination and smallpox were not yet elaborate enough. We must be sure that the technique of the operation is correct, since upon systematic and expert performance of the vaccination depends its success, and a bad vaccination gives only imperfect protection. In statistical reasoning we must be sure that the cases in question were properly vaccinated, that the pustule had passed through its stages regularly and had not been destroyed afterwards. Only hospital and similar material is of use now. Technique, quality, and quantity are all to be factors of the investigation. Marson and Gregory laid great stress upon these, and had established how greatly the number of cases and mortality depended upon the proper enumeration of the sick and the proper condition of the scar. Marson concludes that the mortality among cases with ten scars is nil. But we shall have won a victory when the mortality is reduced to a minimum. If not a perfect protection, remember, "remedium anceps melius quam nullum." "But I consider it a duty of the Congress to speak out loudly and openly how strongly they are impressed with the great importance of vaccination for the public good."

Vice-President HEBRA then closed the session.

SECOND SESSION.

The second session began at 9 A.M. of Tuesday, with Prof. WARLOMONT, of Brussels, for President, assisted by Dr. KOVACS, of Pesth, and Prof. SIGMUND, of Vienna, with Profs. SIGMUND, ZEISSL, and REDER as a committee of reference.

Prof. WARLOMONT is a slightly-built, very handsome gentleman, with a pale alert face, high brow, scanty white hair and side whiskers, and exceedingly courteous bearing. He opened the session with a speech in French, declaring that the question for discussion, "The Prevention of Syphilis with Reference to the Regulation of Prostitution," was one which in Belgium had received the most constant and devoted attention. By the law of 1836 the surveillance of persons and places notoriously devoted to debauchery belongs to the assembly of mayor and aldermen. It takes the proper steps to guarantee security, morality, and public tranquillity. The common council make such rules as they deem necessary and useful. Yet the government is not ignorant concerning the good management of the service. It has considered it a duty to inform the local authorities of the importance of the duty intrusted to their care, and provided an outline or type containing all the details necessary to secure morality and good hygiene. By these means syphilis has been reduced to so small a minimum that it would be extinct were it not for the importations.

The referees brought forward a law for the prevention of syphilis and printed it for distribution. It remarks that the diseases in question, fraught with evils of the greatest moment, are almost everywhere increasing. Since individual efforts fail to restrain it, associated efforts must be made. Better than any other contagious disease its natural history is known.

Wherever medical advice has weight, it is restrained (Brussels, Piedmont). Some degree of success can be obtained by measures directed against it at its very inception; but such measures belong to legislation and government. The great source for the spread of the disease is prostitution in its various forms, but especially that called clandestine. Organized bodies incompatible with marriage—troops, marines, as well as domestics and laborers—favor its propagation. So too with great centres of population, pilgrimages and campaigns, midwives, nurses and attendants, foundlings, certain trades, as glass-blowers, cigar-makers, etc. As social life cannot be readily changed, and means of intercommunication rapidly increase, the simplest and easiest check to the spread of syphilis is legislation. But local legislation is imperfect. Therefore international regulation is the greatest means of relief, analogous to that against cholera, variola, yellow fever, and rinderpest. The details should be in the hands of experts, and the rigid execution of them must be demanded of the authorities. Only experienced and trusted physicians should be called to the work, and all of the profession should be thoroughly trained in the knowledge of the subject, for the sake of driving out quacks, so often sought because of an idea that regulars are ignorant of the disease. They recommend that syphilis should cease to be a specialty of certain physicians, the establishment of dispensaries, gratuitous consultations, hospitals, and public instruction on the nature of the trouble. A law was formulated by Messrs. Crocq and Rollet at the Congress of 1867, discussed at Florence, and laid over until the present meeting. The law which this committee brings forward is as follows:

1. *Organized surveillance of prostitution*, especially the clandestine, with all possible means of assistance, under the direction of a national board of physicians and experts. As examples they point to Brussels, certain towns in France, and Piedmont.
2. *Particular surveillance of venereal diseases* in all corps, civil, military, and marine, all associations the members of which can only with difficulty or not at all be married, as in various trades, secret societies, fairs, markets, and sea-ports.
3. Control of midwives, nurses, and nursery-maids, foundlings, rigorous control of vaccination, circumcision, certain trades, as cigar-making, and *periodical examination of the syphilitic a certain time after treatment*.
4. *Delicate and yet sufficiently clear instruction* on the subject, given by the physicians of corps, companies, and schools, with the insertion of like information in the regulations of such bodies and as regards places for treatment.
5. *Establishment of consultation offices*, in number, form, and arrangement, with regard to the special needs of individuals, so that modesty and social position may be regarded. Obligation of all corporations as well as unions of workmen to provide a sanitary service for their associates, with instructions to their medical men to specially regard syphilis.
6. *Compulsory admission of patients to hospital*, with separation of the notorious prostitutes.

7. *Thorough education of physicians* in the diagnosis and treatment of venereal diseases, the establishment of special clinics, and rigorous examinations before admission to practice.

8. *Appointment of trained and learned physicians* to the supervision of the hospitals, with honorable remuneration.

9. *Severe but just penalties* for all infected prostitutes who neglect to seek medical aid.

10. *Assumption by the state of all the expenses*, where the districts or the sick cannot be obliged, or are not able, to pay.

11. *Periodical international conferences* on the subject.

12. *Election of committees* for the treatment of the various questions which may arise, with the eventual choice of a central committee to take charge of all matters relative to the subject.

In addition to this most interesting plan, an outline of measures to prevent the diffusion of syphilis was presented in French by Dr. PIETRO CASTIGLIONE, of Rome. For interior measures against syphilis he advises complete control of prostitutes, registration, regular examinations, sequestration when infected, absolute suppression of amateur prostitution, power of interference on the part of the state, neither authorization nor prohibition, but absolutely perfect hygienic condition of premises and occupants, and special clinics at the schools of medicine. Also a new idea in the recommendation of an obligatory visit by the physicians of the corps to *soldiers, marines, and crews, to prisoners, government workmen, foundlings, and nurses*, and care of vaccinators and their vaccine, and, finally, the adoption of a uniform international supervision of the whole matter.

A most vigorous and enthusiastic discussion at once sprang up. Prof. SIGMUND, after remarking that the questions were to be discussed from the medical point of view only, and giving some historical details, continued that, owing to the great attention the subject had received, he and his colleagues Profs. ZEISSL and REDER could not hope to bring forward anything new, but were only in accord with the previous Congresses. We must try to discuss measures which are lawful, and, what is of most consequence, keep in view what is most practicable under existing circumstances and with the means at hand. Especially did he strongly recommend the thorough instruction of physicians as regards syphilis, and the publication and wide distribution of information on hygiene, which ought to be communicated to schools, societies, and all bodies of men. If we look over what the last four hundred years have done towards limiting and mitigating syphilis, we ought to be ashamed of its insignificance. But knowledge of imperfections is the first step towards a reform, which he hoped this deliberation might bring about.

Prof. REDER said they had introduced no new points into their programme, since they did not wish to lose sight of the object of their discussions,—the bringing about of an international law, or at least the furtherance of it. But such a law, in the nature of things, could only be in the line of principles. Details must be left to states. So with

prostitution: laws must come from the lawgivers, principles from medical men.

Prof. O. HJELT, of Helsingfors (Finland), said that the circumstances of the northern countries of Europe in regard to syphilis were not without meaning for our medical lawmakers. The idea of the assumption by the state of the cost of medical treatment of syphilis has already been for twenty-five years in practice in Finland: it is therefore well provided with ordinances to prevent the spread of the disease. In the larger districts the control of prostitution has been introduced; sailors returning from abroad are examined, and one has the right to demand the certificate of health from suspected persons. In spite of this, syphilis has increased in the last years to a remarkable extent, and has become a question of great moment. He has treated this subject, in a work shortly to appear, from a sanitary and statistical stand-point, his researches having been carried on in 45,613 cases of disease which he had treated in hospital during the last twelve years. In 1859 there were 2881, but in 1870 there were 6610 cases out of a total population of 1,700,000 souls. In 1859 there were 684 new or primary cases; in 1870 there were 1258. Of constitutional syphilis there were, in 1859, 1725 cases; in 1870, 4223; while of gonorrhœa there were 355 in 1859, and 563 in 1870. For the twelve years there was an average of 2.27 per 1000 treated in hospital. He refrained from explaining the causes of this great increase, denying, however, that immorality is one. He attributes much influence to the out-door habits of life in certain seasons, and their thoughtless hospitality in harboring every vagabond who chances that way. Syphilitic diseases of the skin are very common in Finland. He brought forward other statistics of great interest and value. In Sweden, where there is gratuitous treatment and an assessed tax for the same, from 1861 to 1868 there was an average of 1.24 per 1000 of population (at Stockholm 16.04); in Norway, from 1859 to 1870, a yearly average of 0.86 per 1000 (at Christiania, 7.66); and in Denmark 1.11 per 1000 (in Copenhagen, 14.89). He agreed with the principles of the programme, modified, however, for the exigencies of each country.

Prof. CROCO, of Brussels, gave the historical details of the institution of the present laws in Belgium, which have served as the type for all others since adopted in Europe, and have considerably reduced the amount of syphilis. He regarded it as certain that not all the diseases of the genitalia induced by coitus are venereal.

Prof. CASTIGLIONE, of Rome, agreed perfectly with the twelve points of the official programme. He wished for a legal and strict supervision of prostitution, isolated or concentrated, without the state mixing itself in the internal management of the houses; also to prevent the registration of prostitutes, giving occasion for any unfortunate mistakes, the isolation of infected persons, and clinical instruction.

Dr. ABDULLAH BEY, of Constantinople, agreed perfectly with Prof. SIGMUND and his associates, from his experience at home.

Various gentlemen then advanced verbal changes in the programme, or made short remarks of no great moment, and the recommendations of the committee were in principle accepted. The votes were to be declared on Saturday.

THIRD SESSION.

The discussion of the question of vaccination was resumed on Tuesday afternoon, Dr. ISIDOR NEUMANN, author of the well-known work on skin diseases, being the first speaker. He was a friend of the practice, bringing forward the following results from his experience in charge of a smallpox hospital:

Of 1148 cases there died	140—12.2 per cent.
“ “ “ were vaccinated	1030
“ “ “ non-vaccinated	91
“ “ “ doubtful	27
Of 1030 vaccinated there died	90—8.7 per cent.
“ 91 not “ “	40—43.9 “

It is certain that the vaccinated have the disease less seldom, and in a lighter form. At the time of the last epidemic at Berlin there were 200,000 unvaccinated, 330,000 vaccinated, and 270,000 revaccinated. Of the first there died 14 per cent., of the second 2 per cent., and of the last 0.5 per cent.; from which facts it appears that the disease and death were much more frequent among the non-protected.

Dr. FRIEDINGER, of Vienna, strongly defended Jenner as against Dr. Hermann, giving some particulars of the opposition in England, and the final triumphant success of the practice. In 1856 only two out of five hundred and thirty-nine physicians declared themselves opposed to vaccination. He was in favor of humanized lymph, and vaccinating from arm to arm; agreeing with Dr. Müller, of Berlin, concerning the occasional uncertainty of cow-lymph. Dr. Simon, of London, supports him in this. As regards methods of preservation of the lymph, he did not think highly of the glycerin method.

Dr. MARKOWICI, of Bucharest, declared that the asserted increase of tuberculosis, scrofulosis, etc., from vaccination is untrue. The reason is to be sought in the bad hygienic conditions of the people. The protective power becomes exhausted, wherefore the need of revaccination. Varicella is a different disease from variola and varioloid,—distinguished from both by its pathological characters.

Dr. MEDOVIC, of Belgrade, from his experience in Serbia favored enforced vaccination.

Dr. LOWI, of Vienna, recommended animal lymph.

Dr. MAZZON, of Kiew, declared that vaccination, though not absolutely protecting, shortened the disease and reduced its mortality.

Dr. VON BASTAU, of Breslau, quoted favorable statistics from the epidemic of 1871-72, and believed that the protection was so diminished by age that revaccination should always occur about the age of fifteen years. Variola after protection was much less severe.

Dr. GERMAN, of Leipsic, felt obliged by unfortu-

nate experience to declare himself opposed to vaccination. He considered it a prolific source of the communication of syphilis, and read extracts from a pamphlet which he had circulated, in support of his position.

Dr. KNOPFLER was astonished that an active physician could be an opponent of vaccination. On the sick-bed one can better observe the difference between the protected and the non-protected than in statistical tables, which latter lead to many errors. He wished the Congress to declare in favor of compulsory vaccination, under control of specialists.

Dr. KAPOSI then summed up the results of the debate. The opinion was almost unanimous in favor of compulsory vaccination. Only three debaters, and that on insignificant grounds, had declared against it. Their statistics have no weight against the mass on the other side. They have made it appear that the non-vaccinated were safer than the vaccinated. As regards the kind of lymph it appears certain only that both kinds may be used.

Prof. HEBRA then formulated the opinions of the Congress in the following resolution:

"The Third International Medical Congress declares vaccination indispensable, and advises its universal adoption."

Before the vote was declared, the meeting adjourned.

(To be continued in our next.)

ALCOHOL.—Rabow (*Inaug. Diss.*, Strasburg, 1872, and *Centralblatt*, 1873, 336) tries to show, in opposition to previous experiments of Binz and Bouvier (*Centralblatt*, 1871, p. 801), that alcohol does not prevent a febrile rise of temperature. He reports a case of peritonitis from perforation, in which the temperature rose from 38.8° C. to 38.9° within four hours, notwithstanding the administration of thirteen tablespoonfuls of Hungarian wine (equalling about three-fourths of an ounce of absolute alcohol, or an ounce and a half of brandy). This result can hardly be regarded as astonishing, or as furnishing any strong proof against the views previously held. He also took one or two tablespoonfuls of brandy, or twenty-five c. c. of alcohol, at various times, and determined a rise of temperature of 0.01 to 0.03 C.

Daub (*Cbl.*, 1873, 466) criticises the above experiments, by showing that a thermometer held continuously in the axilla for an hour or more often steadily rises 0.03 or more, when no alcohol is taken. (That is, the axilla, kept continuously closed, approximates more and more to the interior cavities of the body.) Daub correctly remarks that measurements in the axilla are sufficiently accurate for clinical purposes, but not for physiological experiments, where it is a question of a small fraction of a degree.

Daub further showed that, in a person unaccustomed to alcohol, small doses caused a diminished rectal temperature, as compared with that of other days when alcohol was not used. As the person became accustomed to the alcohol, the result failed to be observed. In two children, one with chronic osteitis and the other with caries of the tibia, no heat-lowering effect took place.

Magnan (*Archives de Physiologie*, 1873, Nos. 2 and 3) gives the results of his experiments upon alcohol and absinthe, as follows:

The immediate effect of alcohol, in a sufficient dose, is, in every animal, drunkenness.

The prolonged use of alcohol provokes, in the dog, besides the drunkenness which follows the administration of each successive dose of the poison, phenomena progressively more marked, which exhibit us the gradual evolution of alcoholism: from the fifth day of the intoxication, irritability and sensitiveness are observed; ten days after, illusions and hallucinations in the night; at the end of a month, delirium night and day.

The prolonged use of alcohol gives rise, in the second month, to trembling, which shows itself first in the hind feet, then attacks the fore feet, and extends progressively to all parts of the body. In no case is an epileptic attack provoked. Finally, the digestive troubles and various complications recall the conditions causing death in men suffering from the chronic effects of alcohol. The anatomical lesions of alcoholism in the dog show, in different degrees, 1st, steatosis (liver, kidneys, heart); 2d, tendency to chronic irritations (meninges, spinal cord, pericardium).

Essence of absinthe, in small dose, determines dizziness and muscular jerking in the anterior parts of the body; in the large dose, it causes epileptic attacks and delirium.

To the first stage of the attack of absinthism (tonic convulsions) correspond dilatation of the pupils, injection of the papilla and fundus oculi, and congestion of the encephalon,—phenomena which do not agree with the generally-accepted theories as to the mechanism of epilepsy.

Animals deprived of their cerebral lobes present, under the influence of essence of absinthe, epileptic attacks and jerkings similar to the convulsive phenomena in those animals which have undergone no mutilations.

After the section of the cord below the medulla oblongata, the intravenous injection of the essence of absinthe provokes, first, a bulbar attack (tonic and clonic convulsions of the head, with foaming at the mouth), and then a spinal attack (tonic and clonic convulsions of the trunk, with expulsion of urine and fecal matter).

The isolated action of each segment of the spinal axis in the regions which it supplies with nerves accounts for the necessary influence of the whole of the organ in the production of the complete attack of epilepsy; and, on the other hand, taking into the account the sudden and immediate loss of consciousness, one must necessarily admit the direct intervention of the whole cerebro-spinal axis in the production of the epileptic attack.—Dr. E. T. Edes, in *Boston Medical and Surgical Journal*.

CHOLESTEATOMA OF THE PETROUS BONE (August Lucae: *Archiv f. O. N. F.*, Band I., Heft 4).—This author has contributed a very valuable and original paper on the above-named subject. He says that in a vast majority of cases of this form of disease a purulent discharge from the middle ear, with a greater or less defect in the membrana tympani, was found. The favorite seat of the disease is the antrum mastoideum.

The author also notes the constant presence with this disease of granulations and polypi developed from the mucous membrane of the middle ear.

Careful microscopic examination of these polypoid excrescences on the mucous membrane of the middle ear showed that in many instances they are covered with thick, pearl-colored epidermis. Transverse sections of the excrescences showed that newly-formed epidermis—that is, *heterologous tissue*—was present. From this it is fair to conclude that purulent inflammation of the middle ear with granulations may, in a way unknown to us, lead to a proliferation of epidermis, the old cast-off cells of which collect in the cavities of the middle ear and form at last a cholesteatoma, or what the author calls "Perlgeschwulst" (pearly tumor.) C. H. B.

PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

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EDITORIAL.

NATIONAL SANITATION.

AT the recent meeting of the British Medical Association, Dr. George W. Hastings, Vice-President of the Section on Public Medicine, in the course of an address upon public hygiene, remarked upon the backwardness of our government in these matters. Although evidently moved by the kindest feelings towards us, the truth forced him to the statement that we are far behind England in public medicine. If he had told the whole truth, he might have said much more than this: he might have declared that in the greater part of our country public medicine has no existence,—the American citizen expecting as little and receiving as little protection for his life against the insidious disease or the open-handed pestilence as does the Comanche or the Arab.

It is evident that something ought to be done. Shreveport, New Orleans, Memphis, ay, even New York and Philadelphia, yield up their thousands of unnecessary deaths; yellow fever, cholera, smallpox, chronic arsenical poisoning, sewage contamination, impure air, crowded tenement-houses, rampant prostitution, and the thousand curses which seem the birthright of modern civilization, lie heavy upon the people, who live, and sicken, and die; yet no man says aught, or at least no man having authority. To the fierce, anxious populace that crowd the mustering places after an important election; to those hilarious over political victory or sullen with political defeat;

to the professional politician greedy for himself, studying how he can best lead and control that mass he both fears and despises,—the voting populace,—to such, questions of hygiene seem but trifles, unless indeed when some frightful epidemic rocks a community to its foundations.

Within the last year or so, however, a few physicians have begun to raise their voices over this dance of death, and to call attention to the national recklessness. What shall be done? Are we to have merely local boards of health,—some (very few, however) good and efficient, some useless, some worse than useless—mere masks to hide the rottenness underneath,—each of them caring only for the little community over whose vital interests it is supposed to preside.

Is it not possible to find some plan by which a central authority can be established, at least a binding cord to unite, to harmonize, to render efficient these various bodies?

We cannot but believe that Congressional legislation might, if wisdom were granted our rulers, solve this problem. What that legislation should be is a question of great importance, not to be decided hastily, but only after full and wide discussion.

Many even of the best-informed of our profession have but little idea of what the duties of a hygienic inspector should be. Very few, indeed, have any practical knowledge of the work. Under these circumstances, let us make haste slowly. Office-seeking is possible even in a physician. In some of our great cities certain men have drifted into a more or less complete knowledge of hygiene, and some no doubt have entered upon its study because they smell the battle afar off and see prospects of lucrative and honorable office,—*otium cum dignitate*. Is not that worth a little plotting, a little labor, even a little present weariness of the flesh?

There will come up for discussion by the American Public Health Association, at its meeting in New York in November next, a resolution to the effect that a National Sanitary Bureau should be established in connection with the Interior Department. Is it yet time for this? We know of no one who urges the affirmative to this question, except the very few who may be fairly presumed to have a direct personal interest in the creation of new offices. Rather than make such radical legislation, let us first collect data and opinions bearing upon the subject of public hygiene, and upon the State and national legislation primarily desirable and practicable. And to gain the confidence and support of the medical profession of the country, without which we believe the attempt will fail, we should

like to have these data and reports presented by some competent and, at the same time, disinterested authority.

Judging from what it has done in the way of collecting and publishing information for the profession, we believe that the medical department of the army could do well the preliminary work required; and until this is done we deprecate the urging of hasty legislation on the subject.

The Surgeon-General of the army can avail himself of the services of medical officers familiar with statistical inquiries, and is already furnished by the fine library of his office with much valuable material for this inquiry; and, what is even more important, we may feel sure that the report will not be prepared in the interest of any individual or party.

We believe that in a few years there will be a National Sanitary Bureau at Washington; but we want it kept out of politics, and we do not want its first stages to be under the direction of a department in which the appointments are governed by political considerations, and in which the very first step will be a scramble for office.

CORRESPONDENCE.

LONDON LETTER.

Thousand-Guinea Fees—A Brilliant Career—Epidemic of Typhoid Fever among the Doctors—Poisoned Milk—Mrs. Garrett Anderson.

THE Highland holiday of our London physicians and surgeons has been interrupted by an incident productive of some rather curious illustrations of professional practice and feeling. A very well-known and wealthy man, who has many friends and personal acquaintances among consulting practitioners in London, was seized with a very severe illness at his hunting-lodge. His friend Sir Henry Thompson was near at hand, and was summoned. He came over at once, and, finding his friend dangerously ill, was fain to stay with him in his time of need, and began a close attendance, which lasted for nine days and nights. He was offered, on resigning the case to Sir William Jenner, who was summoned by telegraph, a check for a thousand guineas, but steadfastly refused to take any fee whatever, alleging that he had attended solely as a friend and would not otherwise have undertaken a case of the kind. This is the second time during a few months that the same surgeon has returned a check for a thousand guineas from motives of delicacy. I have mentioned in a previous letter that, knowing that the family of the ex-Emperor Napoleon were not in possession of large means, he returned a fee of a thousand guineas in that case. It is not often

that the same surgeon receives fees so large as to afford the opportunity of dealing with them in a manner so splendidly liberal and delicate, and perhaps it is as rare that he should insist upon doing so. But Sir Henry Thompson is in receipt of an exceptionally large income from the successful practice of his profession, and he is a man of great decision, clearness, and liberality of mind. He is a man who has reason to be satisfied with his career, and of whom we in England have reason to be proud. Commencing the study of surgery rather late in life, and not graduating, I believe, till the age of thirty, he has by the sheer force of intellect and work won his way to the highest eminence and success in practice, to a fine fortune, a splendid social position, and a world-wide reputation. He is still a young man, and his career has been as rapid as it has been brilliant. Nor has it involved sacrifice of other pleasures and pursuits. He is an artist of high attainments,—perhaps the best amateur in oil-painting in England: his pictures are not only well hung at the most difficult and eminent of our exhibitions,—the Royal Academy,—but command a fair market price against those of professional artists, when he is disposed to part with any of them. He is an excellent writer and a man of thoughtful habit on other than medical subjects: his paper in the *Contemporary Review* on the Efficacy of Prayer, addressed to Professor Tyndall, opened up the controversy of which the echoes reached your continent; and he has all the other accomplishments, as a sportsman, etc., which suit the character of an English gentleman. This brief outline of the elements of a singularly successful character and career is only noteworthy as affording encouragement to others and furnishing the materials for contemporary history.

A very singular and disastrous circumstance has occurred in the principal medical quarter of London, which took place at the close of the season (end of July), but of which the effects have been felt throughout August and have not yet died away. The consulting practitioners of London congregate together chiefly in a few streets and squares most centrally situated: this is chiefly a matter of convenience, and to some extent perhaps of fashion. Brook Street, Harley Street, Grosvenor Street, and Queen Anne Street, and the neighboring squares, are the great centres of medical residence for the leading metropolitan practitioners.

Much attention has been directed in London lately to the necessity of procuring a pure and unadulterated milk-supply. More than one company has been started of late years, headed by gentlemen of respectability and position, whose names afforded a guarantee of fair dealing, for the purpose of inaugurating a pure milk-supply on a large scale. One such company, seated near the medical district,—The Dairy Reform Company,—has had a great and deserved success. The precautions taken to prevent the addition of water or the abstraction of cream were very great, and the milk supplied was undoubtedly pure. The doctors largely patronized the company.

Towards the middle of July we were all rather grieved

to hear of successive attacks of typhoid fever in the families of medical men in this district: first it was Dr. Murchison's children, then Mr. Spence Watson's, Dr. Tuller's, Mr. Maunder's, Dr. Buchanan's, Mr. John Wood's, and so on, till it seemed that the whole medical community were to be decimated by typhoid. Nor was there anything to explain the mysterious outbreak. Some of the houses had been not long before most carefully overhauled, and in most of them the sanitary conditions had been well regulated. The sewers were trapped and ventilated, the waste-pipe of the water-cisterns was not connected with the sewers, and all the water was filtered. Presently a clue was suggested. Dr. Murchison's children had been attacked in two sets, and under peculiar circumstances which led him to think, on consideration of certain details, that it was possible that the milk which they drank might be the source of infection. He communicated this suspicion to some of his neighbors, and in the course of an hour or two it was found that nine families in the neighborhood who were suffering from typhoid were all drinking this same milk, and this seemed to be the only condition in common.

The medical officers of health of the district immediately (August 4) communicated these facts to the company, and suggested that they should discontinue the supply of milk from the suspected source. Strong in their consciousness that their milk was pure and unadulterated, the company refused to see in the matter anything more than a coincidence, and declined to stop the milk. Day after day brought, however, fresh evidence. In a day or two thirty-two families were ascertained to be suffering from typhoid fever, of whom thirty were customers of the Dairy Reform Company. Presently a hundred affected families in all, including five hundred cases, were found to be using this milk.

Meantime a government inspector, Mr. J. N. Radcliffe, accompanied by other persons on behalf of the company and the parish, had inspected the farms from which the milk was supplied, had found typhoid fever to exist on one of them, and that the cess-pool was in dangerous proximity to the well in which at least the churns and milk-cans were dipped and washed and then not wiped but left to dry.

A great number of singular examples attested the fact that the milk was indeed the lethal agent. Thus, in the family of a noble lord in Grosvenor Square all the servants drank Dairy Reform milk, and the family milk direct from the estate: five of the servants were down with fever, and none of the family. In another case two servants in a house free from fever and in a distant part of London drank largely, one day when they were out, of the Dairy Reform milk: both were down with the fever, and none of the rest of the household. The family of the Dowager Duchess of Buckingham drank of the milk from the same can which supplied her next-door neighbor, a physician: the fever seized her household; the physician's household were exempt; he had all the milk which came into the house boiled.

A number of similar instances strengthened the statis-

tical argument irresistibly, and proved the case. The company had stopped the supply of milk at last, on receiving a telegram from their agent stating that typhoid fever existed on the farm in question (although they had previously been assured by the farmer that there was no disease there whatever). But their long delay in doing so, after the propriety of this course had been suggested urgently by Dr. Whitmore, Dr. Murchison, and Sir William Jenner, has been the subject of severe comment, and is likely to lead to legal proceedings.

As a special item of London gossip during holiday-time, I may mention that Mrs. Elizabeth Garrett Anderson has a baby. Her energetic denial that she was *enceinte* was written to Dr. Sieveking not more than six months before her confinement. So that even the most learned ladies may make mistakes in such matters. And this is not the only mistake involved in that letter; for it was an error in taste as well as judgment, which surprised Mrs. Anderson's friends, for she is a woman of excellent sense and discretion, and her conduct has invariably been such as to win for her respect and esteem. She has lately been elected a member of the British Medical Association.

GLEANINGS FROM OUR EXCHANGES.

LATENT GONORRHOEA IN THE FEMALE SEX.—Last year Dr. Emil Noeggerath, of New York, wrote an elaborate paper, which was published in Bonn, and in which he endeavored to show that "certain diseased phenomena in the female organs which have hitherto been considered as separate and treated independently possess a common basis, from which they, collectively and separately, take their origin,—this being nothing more nor less than gonorrhœa." He undertook to prove that, with very few exceptions, the wives of such husbands as have at any time of life contracted gonorrhœa not only suffer as a consequence from such serious affections as acute, chronic, or recurrent perimetritis, oöphoritis, catarrh of the genital passages, etc., which he believes to be practically incurable, but that they are also, as a rule, sterile, or if they do become pregnant they either abort or bear only one child.

Dr. Noeggerath states that cases of uterine and connected disease are therapeutically divisible into two classes, the one series of cases being readily cured, the other proving excessively persistent, and that the intractable cases are really made so in consequence of the husbands of these patients having at some period of their lives, probably long before marriage, suffered from gonorrhœa. He holds, moreover, that, though time diminishes the intensity of the infection, yet gonorrhœa in the male as well as in the female continues to exist for the whole of life, in spite of apparent cure, and that there exists a latent gonorrhœa in both sexes which may evoke in a hitherto healthy individual either its own symptoms or those of an acute gonorrhœa. Dr. Angus Macdonald summarizes this essay as above, and details seven cases occurring in his own practice which bear upon the subject, concluding from them that "it is sufficiently evident that gonorrhœa in a merely subacute, if not even in an exceedingly chronic and apparently cured—i.e. latent—form in the husband, and one which, in the female, produces symptoms merely of a slight leucorrhœa, differing in general appearance little if at all

from ordinary leucorrhœa, may prove a complication fraught with extreme danger to the female, and, in the puerperal stage, one likely to lead to a dangerous and even fatal form of puerperal fever." He believes, however, that Dr. Noeggerath exaggerates somewhat the extent of the influence of gonorrhœa, and that he is mistaken in regarding it as an incurable disease, but thinks that we ought to be a very great deal more guarded in giving our permission of marriage to young men who have within a short period contracted a gonorrhœa or who suffer from a gleet discharge, as he considers it proved to a demonstration that "if a man marry with the slightest shade of a gleet he exposes his wife to the possible risk of great misery throughout her menstrual life, as well as to great risk of death in case she becomes pregnant."

In diagnosing the gonorrhœal form of leucorrhœa, the following points are of great importance. The discharge is yellowish-colored, as if mixed with pus; non-transparent as it flows from the cervix uteri, which is usually surrounded with a deep-red erosion some lines in width; the uterus is tender, more particularly in its lower part; the vulvo-vaginal glands are enlarged; the vulva is sensitive, and there is an inflammatory catarrh of the glands of Bartholini. It is also the rule to see "on separating the labia minora from the remains of the hymen, between the first and the under lateral caruncula myrtiformis, an intensely red point, covered over with glossy mucus, from which, as a centre, a red streak, constantly becoming fainter, stretches upwards and outwards, and, gradually becoming pale, passes over into the color of the surrounding mucous membrane." Inflammation of the urethra at an early stage of the disease is of great value, but it soon passes away; in addition we usually have chronic vaginitis and vaginismus.—*Edinburgh Medical Journal*, June, 1873.

CUTANEOUS CYSTS.—The following is an abstract of a short paper upon "a case of numerous cysts scattered over the body," reported by W. Allen Jamieson in the *Edinburgh Medical Journal* for September, 1873. The patient was a man forty-five years of age. The disease was characterized by some two hundred and fifty tumors, varying in size from a pea to a large nut, scattered over the surface of the body. They were situated immediately beneath the skin, which was freely movable over the smaller but slightly attached to the larger ones. Over most of the tumors the color of the skin was unaltered; over a few it was reddened; while over one or two of the largest it was greenish. Fluctuation could not be detected in the smaller nodules, which were hard and gristly, but was quite distinctly felt in the larger tumors. In appearance they bore a close resemblance to the common wen. The commencement of the trouble dated back one year. The general health had become greatly impaired; the man had emaciated, and was confined to bed. One of the tumors was excised for examination, but during the operation the cyst-wall gave way, and a turbid, brownish liquid escaped, which upon microscopic observation showed numerous epithelial cells. The termination of the case is not reported. A more detailed as well as more accurate account of the disease would have made the case of greater value.—L. A. D.

In the Italian section of the Vienna Exhibition, Dr. Marini exhibits, among an assortment of human feet, hands, legs, arms, and busts of shrivelled proportions and deep-brown color, a large, round plateau, evidently of hard and polished material, which has been likened to stale gelatin or potted boar's head. It is a conglomerate of specimens illustrative of an art invented by him,—the petrification and mummification of human corpses. It was this very Dr. Marini who petrified Maz-

zini, and executed his work so well that the admirers of the arch-conspirator proposed to set up the corpse on the Capitol and save Italy the expense of a statue. The preparations are weather-proof, and will take on high degrees of polish. His mummified specimens, by a process known to him alone, can be restored to their original size and elasticity; while the petrified ones are as hard and possibly as durable as granite. The top slab of the table is composed of muscles, fat, sinews, and glandular substance, all petrified together in a block, the surface of which has been planed and polished until its face resembles marble. Certificates from Nêlaton and other distinguished surgeons are attached to the specimen-limbs, setting forth that the limbs in question had, for the satisfaction of the certifiers, been restored to their pristine softness and pliancy by Dr. Marini.—*Lancet*.

DIGITALIS.—M. Gaunot, in the course of a paper published in the *Gazette Médicale de Paris*, on the action of digitalis, says, "When digitalis or digitalin is administered for some time to a man in full possession of sexual powers, these become gradually weakened, the propensities disappear, formation of the liquor seminis diminishes and may at last cease altogether. The anaphrodisiac properties of the drug are the secret of its good effect in spermatorrhœa."

Dr. Little recommends the use of digitalis in febrile cases in which stimulants are either not well borne or are contra-indicated, as where renal affection is present. He has given half-drachm doses of the tincture every three or four hours in typhus, enteric, and rheumatic fevers, with very favorable results.—*Edinburgh Medical Journal*, July, 1873.

OLEATE OF MERCURY IN TINEA CIRCINATA.—Dr. Leonard Cane, in the London *Lancet* for August 16, 1873, recommends the use of the oleate of mercury (ten per cent. strength) as being of particular service in tinea circinata, several applications being sufficient to destroy all trace of the affection. It produces no staining or injury to the skin, nor is the application attended with pain or other unpleasant effect. The preparation is said to penetrate into the sebaceous glands, hair-follicles, and even into the hairs themselves, the mercury being in a state of solution in an oily medium. The penetrating power of the oleate may be increased by adding a small quantity of ether (one part to eight) to it. Dr. Cane records several cases where he has employed the oleate as a parasiticide with satisfactory results. L. A. D.

TREATMENT OF DIPHTHERIA.—Dr. Lolli strongly recommends the following measures, having found them extremely efficacious in a great variety of cases. 1. Avoid cauterizing, except when gangrene occurs. 2. Do not have recourse to bleeding, purging, or emetics, unless you are forced to do so by exceptional symptoms. 3. Diet, according to appetite; but at all events generous. 4. Do not interfere with the functions of the skin; or rather promote them by rest in bed, poultices, sinapisms, etc., and persevere until, from the general or local symptoms, it may be supposed that the morbid principle has been eliminated or destroyed. 5. Use the following mixture as a gargle, or apply with a camel's-hair pencil every second hour, or employ as an inhalation if the disease has reached the larynx:

R Lime-water, fʒiv to xij;
Solution of perchloride of iron, fʒss to fʒij;
Carbolic acid, gr. j to xx;
Honey of roses, fʒj.

Shake the bottle well. The mixture may be largely diluted with water or tea and given internally.—*The Lancet*, Aug. 16, 1873.

COMPRESSION OF THE FACIAL ARTERY FOR EPISTAXIS (*Rev. de Thérap. Méd. Chirurg.*, and *Gaz. Med. Ital. Lomb.*, May 17, 1873).—Dr. Marvin, of Geneva, alludes to the disagreeable process of plugging the nares either with Bellois' sound or an elastic urethral sound, and states that he finds the following process preferable: As the blood generally comes only from one side of the nose, and most frequently from the anterior third of one of the nasal fossæ, he merely compresses the corresponding facial artery against the superior maxilla near the angle of the nose. The afflux of blood to the cavity of the nose is thus diminished, and the epistaxis ceases almost instantly. Persons suffering from excessive nasal hemorrhage on the streets, boats, or cars, may thus be readily and promptly relieved.

Bessières, in *La France Médicale*, 1873, recommends plaster of Paris for arresting epistaxis. Plaster is known as a hæmostatic in cases of leech-bites, cuts, and excoriations. The mode of using it in epistaxis is as follows: Sift a spoonful of unslacked plaster through a coarse sieve, place it in a tube of paper or light card-board, and blow it forcibly into the nostril, after having caused the patient to blow his nose.—*New York Medical Journal*.

SIMPLE METHOD OF TESTING PEPSIN.—The London *Lancet* gives the following rule:

Boil an egg for an hour, and cut a portion of the white into the thinnest possible slices. Take a two-ounce wide-mouthed bottle and introduce into it seventy-seven grains (5 grammes) of the sliced white of egg, one and a half grains of pepsin, four minims of strong hydrochloric acid, and four hundred and twenty minims of distilled water. Place the bottle in a water-bath, and keep it for four hours at a temperature of 100° Fahr. A higher temperature (not exceeding 120° Fahr.) causes more rapid digestion; but it is, perhaps, better to work at about the temperature of the stomach. At the end of the experiment all the albumen should have been dissolved, nothing remaining but minute quantities of fibrous or membranous matters.

NEURALGIA OF THE TESTES.—J. Lazarus (*Wien. Med. Presse*, No. 30, 1872), in regard to the etiology of this affection, enumerates, among the lesser-known causes, chronic disorders of digestion, which are often accompanied by pain in the testicles; also, long abstinence from sexual intercourse, when it is apparently the consequence of a temporary debility of the virile powers, can give rise to neuralgia. Besides paying attention to various casual indications, the author has had remarkable success, in many obstinate cases, by the internal administration of sulphate of zinc (0.2 to 200), three times a day, one tablespoonful, as also hypodermically injected behind the scrotum of a solution of the same salt (0.06 to 12).—*New York Medical Journal*.

BURNS.—Glycerite of lime used in burns is said by De Breyne to soothe the pain and to prevent inflammation or diminish its intensity: it is prepared from recently-slacked lime, one part; glycerin, fifty parts; chlorinated hydrochloric ether, one part.—*Medical and Surgical Reporter*.

ADHESIVE PLASTER.—To render sticking-plaster which has become brittle by age, and has lost its adhesive qualities, adhesive, coat it with oil of turpentine, by means of a sponge, and leave it exposed for a day.—*American Practitioner*.

ASTHMATIC PASTILES.—Take of stramonium-leaves two parts, nitrate of potassa one part. Reduce to a coarse powder, and put up in paper cones weighing half an ounce each.

MISCELLANY.

HOSPITAL CONSTRUCTION.—The final report of accounts for the building of St. Thomas's Hospital has been presented, and some extracts from it are published in the *Times*. The following, which relates to the outlay on the buildings, will be read with interest:

"The total expenditure, irrespective of the cost of the site and of the extensive concrete foundations required by the exceptional character of the ground (half of the site having been reclaimed from the river), may be thus classified:—Mr. Perry's account for the buildings, £346,377; ditto, for sundry wood fittings, £6500; for warming, ventilating, and hot-water services and ward stoves, £11,345; for hydraulic lifts, etc., £5229; for gas mains, pipes, and fittings, £3765; for cooking-apparatus in the principal and other kitchens, £875; lavatory and bath fittings, £1667; stoves and chimney-pieces, £1721; electric communication and bells, £918; engineers' work in the dispensary and other laboratories, and fittings in chemical laboratory, £1788; fire-appliances, £313; laying out the grounds and planting, £2820; sundries, £597—total, £383,948. Of this amount, the architect states that about £30,000 may be taken as the cost of the museum and school buildings, including fittings; £10,000 as the expense of erecting the home for the probationer nurses to be trained under the arrangement with the Council of the Nightingale Fund; and Mr. Currey estimates the cost of the extensive range of buildings required for the out-patients and casualty departments at £33,000, leaving £311,000 as the cost of the hospital, including the administration block, officers' residences, the chapel, the enclosure walls and railings, the river colonnades, hydraulic lifts, and all necessary fittings; and, as the hospital is designed for nearly 600 beds, the cost per bed is a little more than £530, with a cubic capacity of 1800 feet for each patient. The cost per cubic foot of the whole range of buildings has been about *qd.*; and it may be safely asserted that the cost of the hospital would have been largely increased had its erection been postponed to a later period. (It may be desirable to state the cost of the simple extension of a hospital built on the pavilion principle, with but two rows of beds in each ward, where only ward and nursing accommodation is required. The architect gives as the cost of one pavilion, containing 111 beds, with Sisters' rooms, nurses' dormitories, ward kitchen and offices, excluding, as before, the cost of special concrete foundations, as extracted from tender of Mr. Perry, £29,468: add for extras, being proportion of the actual result, £1472—total, £30,940, or nearly £280 per bed; and adding for fittings, lifts, gas, warming and ventilating arrangements, and electric communication, £4400—total, £35,340, or about £318 per bed.) It may be interesting to compare these figures with the cost of other hospitals. The Herbert Hospital, with a cubic capacity per patient of 1200 feet, cost £320 per bed, exceptional circumstances, as at St. Thomas's, having increased its cost. The Lariboisière Hospital

at Paris, with 606 beds (having but very limited outpatient arrangements, and needing much less extended corridor communication), is said to have cost £440 per bed, with a cubic capacity of nearly 1900 feet per patient. The Hôtel-Dieu at Paris, now in course of erection, is reported to have cost, with the alterations which have been found necessary, £600,000; and if the number of beds be reduced, as proposed, to 400, the cost per bed will be £1500, with a cubic capacity to each of about 2300 feet; but if the original number of 800 be adhered to, the cost will be £750 per bed. Taking, therefore, the average cost of the three great hospitals referred to, the average cost per bed appears to be a little more than £500, and the average cubic capacity 1800 feet, which figures nearly correspond with the results at St. Thomas's. It is believed, however, that the accommodation provided at St. Thomas's in ward-offices, etc., irrespective of the actual ward space, is far larger than at any of the other hospitals referred to; and it must be remembered that this is included in the cost per bed. The professional charges of the architect (including payments of £2252 to the clerk of the works) have been £13,032. The cost of furniture has been £10,084."

PATENT-MEDICINE VENDORS.—An action for libel was lately brought against the *American Agriculturist* by a Dr. Ryan, a patent-medicine vendor. Judge Brady, of New York, before whom the case was tried, gave the following opinion:

"1. A medicine that claims to be an antidote, but is not, is calculated to deceive, and is a fraud.

"2. The seller of a drug or medicine, who vends it with an unqualified statement of its efficiency, must take the consequences if his representations be untrue.

"3. That men should be held to a strict accountability who attempt to practise on the credulity of the afflicted."

We fully concur in this interpretation of the law, that any man who buys a nostrum advertised to cure a certain disease, and is made worse, or is not cured, can bring suit and recover damages from the vendor of said nostrum. We trust that those injured, or not cured, will apply for damages in such numbers as to frighten these unprincipled men into propriety.—*Canada Lancet*.

WHETHER the American politician is or is not a great sinner, he certainly receives such a share of abuse that it is to be hoped he is both pachydermatous and philosophic: to give him due credit, he must be, as he really seems to keep on the even tenor of his way unmoved. It has been reserved for our venerable and dignified cotemporary, the *Boston Medical and Surgical Journal*, to give the "most unkindest cut of all." In a recent editorial full of wrath at the virtuous teetotallers, it says, "We are actually subjected to these daily outrages by a miserable set of pie- and bean-fed politicians,"—an evident allusion to the windy and odorous nature of the food aforesaid. Alas for the flatulent politicians!

MARINE ANIMALS IN FRESH WATER.—At the present day, animals commonly supposed to be essentially marine are occasionally found inhabiting fresh water. In the inland fresh lakes of Newfoundland, seals, which never visit the sea, are common and breed freely. The same is the case in Lake Baikal, 1280 feet above the sea-level, in Central Asia; and, though these facts bear but slightly on my present subject, seals being air-breathing mammalia, yet in the broad mouth of the Amazon, far above the tidal influx of sea-water, marine mollusca and other kinds of life are found, and in some of the lakes in Sweden there are marine crustacea.—*Prof. Ramsey, in Popular Science Monthly for September*.

EXTRAORDINARY SWIMMING.—Mr. Maurice H. Richardson, of Fitchburg, a Harvard graduate of the present year, has just performed the extraordinary feat of swimming all the way from the stone pier at Falmouth across to Martha's Vineyard, a distance of seven miles and a half, in two hours and fifty-five minutes. A friend escorted with a boat, but gave no assistance. Our informant had the facts from Mr. Richardson himself. He has received an appointment as teacher in the Salem High School.—*Middlesex Journal*.

SIR HENRY HOLLAND closed his delightful volume of "Recollections," last year, with observing that the foreign journeys which he had been in the habit of taking annually for fifty years were probably at an end, and that "in future" (he was eighty-five as he wrote) he should restrict himself to a narrower circle. He has changed his mind, however. The gallant doctor has just left London on his ordinary two months' tour, for a place as distant from his home as Nijnii-Novgorod, where he trusts to see for himself a fair of which every one who knows anything of Russia has heard.—*Boston Medical and Surgical Journal*.

RETURN OF MENSTRUATION IN A SEPTUAGENARIAN.—Born in 1800, this lady menstruated regularly up to 1859, when this function ceased. In 1868 it again returned, and has now been perfectly normal in appearance and regularity ever since.—*Rivista Clinica di Bologna*, July 25, 1873.—*The Clinic*.

A WELL-MERITED COMPLIMENT.—Our distinguished contributor, Dr. S. Weir Mitchell, was the recipient of a complimentary dinner on his late return from Europe, given by some of his professional brethren.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM SEPTEMBER 30, 1873, TO OCTOBER 6, 1873, INCLUSIVE.

IRWIN, B. J. D., SURGEON.—When relieved by Acting Assistant-Surgeon Shearer, to comply with S. O. 187, c. s., A. G. O.

WATERS, W. E., ASSISTANT-SURGEON.—Granted leave of absence for twenty days. S. O. 154, Department of the Missouri, October 1, 1873.

WIGGIN, A. W., ASSISTANT-SURGEON.—Assigned to duty at Fort Walla Walla, and granted leave of absence for thirty days, with permission to leave limits of Department and apply for an extension of thirty days at Division Headquarters. S. O. 129, Department of the Columbia, September 18, 1873.